



# **Montana Department of Justice** **Sexual or Violent Offender Registration Form**

FORM MUST BE COMPLETED BY THE AGENCY      PLEASE TYPE OR PRINT

1

Current Date:	Form Use:	Form Completed by [name, agency, and telephone]:
	<input type="checkbox"/> Submitting New Registration <input type="checkbox"/> Updating Registration Info <input type="checkbox"/> Correcting Registration Info	

2

Conviction Type:	Offense Type:	Tier Level:	Release or Transfer Date:
<input type="checkbox"/> Montana <input type="checkbox"/> Out-of-state <input type="checkbox"/> Federal	<input type="checkbox"/> Sexual <input type="checkbox"/> Violent <input type="checkbox"/> Both	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	 <b>Release or Transfer Comments:</b>  

3

Last Name:	First Name:	Middle Name:	Sex:
			<input type="checkbox"/> M <input type="checkbox"/> F
AKA:	Social Security Number:	Montana State ID:	
		MT	
Date of Birth:	Driver's License Number:		

4

Primary Physical Address:	City:	County:	State:	Zip:	Telephone:
Primary Mailing Address:	City:	County:	State:	Zip:	Telephone:
Additional Addresses:	City:	County:	State:	Zip:	Telephone:

5

Employer:	Occupation:	Employment Address:	County	Telephone:

6

Sentence Date:	Offense/s:	Court Case No:	Place of Sentence [city and state]:

7

Number of Victims:	Victim/s Age:	Victim/s Sex:	Victim Relationship:	Place of Crime [city and state]:
Force Used?	Type of Force:	Other Comments:		
<input type="checkbox"/> Y <input type="checkbox"/> N				

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<b>*8</b>	<b>Enrollment or Employment at an Institution of Higher Education:</b>	<b>Name of Institution:</b>	<b>County</b>
	<input type="checkbox"/> <b>Currently enrolled or employed</b> <input type="checkbox"/> <b>Will be enrolled or employed</b> <input type="checkbox"/> <b>No longer enrolled or employed</b>	<b>Date Started:</b> <b>Date to Begin:</b> <b>Date Completed:</b>	

<b>*9</b>	<b>*If I am a non-resident worker I must give my place of employment, and address in my state of residence.</b>					
	<b>Work Address:</b>	<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>	<b>Telephone:</b>
	<b>Residence Address:</b>	<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>	<b>Telephone:</b>

<b>10</b>	<b>Name and Address of any school that offender is currently a student.</b>						
	<b>Name of School:</b>	<b>Address:</b>	<b>City :</b>	<b>County</b>	<b>State:</b>	<b>Zip:</b>	<b>Telephone:</b>

<b>*11</b>	<b>Sex Offender Treatment Status [if applicable]:</b>		<b>Comments:</b>
	<input type="checkbox"/> <b>Currently in Treatment</b> <input type="checkbox"/> <b>Not in Treatment</b> <input type="checkbox"/> <b>Completed Treatment</b>	<b>Date Started:</b> <b>Date to Begin:</b> <b>Date Completed:</b>	

<b>12</b>	<b>Description and license number of any motor vehicle <u>owned or operated</u> by the offender:</b>					
	<b>License Number</b>	<b>State</b>	<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Color</b>
	<b>License Number</b>	<b>State</b>	<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Color</b>
	<b>License Number</b>	<b>State</b>	<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Color</b>
	<b>License Number</b>	<b>State</b>	<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Color</b>

<b>13</b>	<b>Additional Information and Comments:</b>

**EACH STATEMENT BELOW MUST BE READ TO AND INITIALED BY THE REGISTRANT. Not all statements apply to each registrant. All statements should be initialed to indicate the registrant understands the requirements. Unless otherwise noted, the following statements reflect the requirements as stated in the Montana Codes Annotated, 46-23-501 et. al.**

- \_\_\_\_ I understand that I am required to provide the Montana Department of Justice a set of registration fingerprints and a current photograph, when necessary, in order to keep my registration current.
- \_\_\_\_ I must register with local law enforcement within 3 days of entering a county of Montana if: a) I was sentenced for a sexual or violent offense in another state and come to reside in Montana for a period of 10 days or more, or b) I return to Montana after residing out of state; or c) I temporarily work or attend school in Montana for a period of 10 days or more.
- \_\_\_\_ If I am serving a term of confinement with the Department of Corrections, I must register with the Department at least 10 days prior to my release. Upon my release from confinement, I must register with local law enforcement in the county in which I reside within 3 business days after my release.
- \_\_\_\_ If I regularly reside in more than one county, I am required to register with the registration agency of each county or municipality where I reside.
- \_\_\_\_ If I lack a residence and am a transient offender I must register within 3 days of entering a county of Montana. I must report monthly to the law enforcement agency in the county where I live.
- \_\_\_\_ I must appear in person and give notice within 3 days of changing my name or residence, or my employment, student or transient status to the agency with which I last registered. A Post Office box address is **not** sufficient unless a street address is also provided. If I do not have a street address I must register as a transient and provide a description of the physical locations where I stay.
- \_\_\_\_ If I was convicted of a sexual offense, I must register for the rest of my life. After 10 years of registration if I am a level 1 sex offender or 25 years if I am a level 2 sex offender, I may petition the sentencing court or the district court where I reside for an order relieving me of registration. Being released from probation or parole does not automatically relieve my duty to register.
- \_\_\_\_ If I was convicted of a violent offense, I must register for 10 years. If I am convicted of another felony offense during this time I will be required to register for life. I must petition the sentencing court or the district court where I reside for an order relieving me of registration. Release from probation or parole does not automatically relieve my duty to register.
- \_\_\_\_ I will receive an offender verification letter in the mail from the Montana Department of Justice once a year, every 180 days if I was designated a level 2 sex offender or every 90 days if I was designated a level 3 sex offender. I have 10 days to return the letter after signing it before a notary public. If I am a registered sex offender I must return the offender verification letter in person to the agency with which I last registered. At that time a current photograph will be taken. If I have not received an offender verification letter a year from now [or 180 or 90 days from now], I should call 444-2497.
- \_\_\_\_ If I move to another state, I must register in that state within 3 days of my arrival. I must also inform my last registering agency in Montana IN WRITING that I have moved out of their jurisdiction to keep my Montana registration file current. If I move back to Montana, I will be required to register within 3 days.
- \_\_\_\_ If I fail to register or to keep my registration current and accurate, I could be convicted of a separate felony offense and sentenced to prison for up to 5 years, fined \$10,000, or both.
- \_\_\_\_ I must pay for costs associated with registration. I will be notified of the amount of the costs and to what agency they must be paid.
- \_\_\_\_ \*I must register in states where I work or attend school.
- \_\_\_\_ If I was convicted of a felony offense in Montana I must submit to a DNA sample as required by 44-6-103, MCA.

**I have read and/or had read to me, the above requirements. These requirements have been explained to me and I understand my duty to register and that failure to do so is a criminal offense.**

**\*Applies to Sexual Offenders only.**

**Please print:**

<b>Registrant</b>	_____	<b>Signature</b>	_____	<b>Date</b>	_____
<b>Witness</b>	_____	<b>Signature</b>	_____	<b>Date</b>	_____

**For court-ordered juveniles registrants, the court documentation MUST accompany this registration form.**

**Please return this 3-page form to:**

**Sex or Violent Offender Registration  
Department of Justice  
PO BOX 201417  
Helena MT 59620-1417**